COMPLAINT

(for filers who are prisoners without lawyers)

U.S. DISTRICT COURT EASTERN DISTRICT-WI FILED

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF WISCONSIN

2017 MAR 15 P 3: 09
JON W. SANFILIPPO
CLERK

	: ·
(Full name of plaintiff(s))	
CARY VILAMB	
	•
V.	Case Number:
(Full name of defendant(s))	17-C-0383
1	(to be supplied by Clerk of Court)
RISTOPHER SEMMAILING (RACINE Co.	SHEKIFF)
Advanced Correctional Health	Case (RACINE Co. Jail Contracted H.C.F
LATISHA R. [Med.	ical Services Supervisor Employed by A.C.
JANEGOENURSE#2 (Emp	loyed BY ADVANCED Correctional HC
A. PARTIES	
1. Plaintiff is a citizen of <u>TLLINO</u>	is located at
	7 WISCONSINAVE., FLR. 2B
Cell # 3L, RACINE WIS	
(Address of pr	
(If more than one plaintiff is filing, use an	other piece of paper.)
2. Defendant CHRISTOPHER SEH	MAILING RACIFIE CO. SHERIFF) WHITH CARE (RACIAL CO. JAI (Name), provider
· Advanced Correctional Hes	Ithere (RACIAL Co. Jail (Name), provider
LATISHA R.	(Medical Services Supervisore) 141 1 (Employed By Advanced CORR. H.C.)
JANE WE NURSE Complaint-	-1 # 1 CEMPloyed By Advanced CORR. H.C. >
Card 117- RV-00383 WCG Filed 03/1	# 2 (Employed By Advanced Coll. M. 5/17 Page 1 of 5 Document 1

is (if a person or private corporation) a citizen	of ILL land & (Advanced Collectional H.C.
	(State, if known)
and (if a person) resides at	
	(Address, if known)
and (if the defendant harmed you while doing	the defendant's job)
Worked for RACINE COUNTY SHERIFF'S	DEPT. Jail - Advanced Correctional Health
	(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

- 1. Who violated your rights;
- 2. What each defendant did;
- 3. When they did it;
- 4. Where it happened; and
- 5. Why they did it, if you know.

I WAS TRANSFERED TO THE RAPINE CO. JAIL FROM THE

ILLINOIS DEPT. OF CORRECTIONS (ON A INTERSTATE AGREEMENT ON

DETAINERS "I.A.D.") TO HAVE A FINAL DISPOSITION ON PENSING

FELONY CRIMINAL CHARGES IN THE STATE OF WISCONSIN ON

FEBRUARY 16, 2017. Upon ARRIVAL AT THE RACINE CO. JAIL A

UNKNOWN DEPUTY INVENTORIED MY PROPERTY, AND THEN PROCEEDED

TO ASK ME A SERIES OF MEDICAL QUESTIONS, Although I Felt MY

MEDICAL PRIVACY RIGHTS HITTERA LAWS WERE BEING VIOLATED I

Complied AND ANSWERD ALL QUESTIONS TO THE BEST OF MY ABILITY.

T. INDEMED THE DEPUTY OF ONLING BACK, Knee, ARM, AND

Severe DENTAL Medical issues THAT I HAD AND Needed Dromp? AS Allergies THAT I HAVE. I Needed TO SEE TRAINED Medical personell Immediately, BY THE DEPUTY THAT A "NURSE WOULD SEE ME Within 72 Hours " AND Address All of My Medical and Dental Needs AT THAT TIME FREE OF CHARGE, NO ONE EVEL SAW ME. I LATER CEORNED THAT MUST pay to get A "Medical Screening" and Fulther pay to Medications I needed and to see adentist. I Also Wrote the Medical director Here and grieved this policy, but ultimustery My Grievances were derived on oil About Feb. 26, 2017, I wrote THE Medical Supervisor PATISHAR.) AND informed Her That I had been experiencing extreme pain due to dental issues /2 Clarked Teent W/ nerves exposed) and infection was setting in.
I had recently learned that the Racine Co. I all does not employ a dentist and if "Doemed important" (After you pay again) A Appointment May Be Made with a cursice Dentist, But in the interim you just have to deal with whatever dental issues you have I said for the medical Screening Finally received a "soft diet" for 7 days, thenol for 3 days, and orage for 7 days, thats all, I was told that The "Whiting act" to see a dentist is extremely long and I "Might see a dentist by April or may", (Please see all Enclosed supporting due to the combination of inadequete medical/bentul screenity proceed proceedure and LACK of Available professional Dental Services By The defendants. I HAVE put THEM on Actual notice of my Medical/ Nortal needs and of My extreme TorTuous DAIN, BUT Hey Are Indifferent to AM Serious Medical/dental needs. I Beleive My 8tH amendment Rights) Have Boen violated (Amongs + others) and wish to remedy this Ac Soon as passible.

C. JURISDICTION

X	I am suing for a violation of federal law under 28 U.S.C. § 133

OR

I am suing under state law. The state citizenship of the plaintiff(s) is (are)
different from the state citizenship of every defendant, and the amount of
money at stake in this case (not counting interest and costs) is
\$

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

MONETALY Releif IF I win Judgment Assins THE

MONETALY Releif IF I win Judgment Assins THE

DEFENDANTIST, As Well AS WHITEVER THE COURT DEFENS

JUST, PROPER, AND Equitable, Including A TRO,

AND A COURT alber TO FORCE Sciencents to provide

Emergency Dental Care in A leasenesty Timely Manuall,

A COURT Manited TO OVERSEE INSTITUTION AND Implementation

OF Jail policy/medical Dental Care practice AND

Procedular Changes. Monetary Award In The Amount of

#1000000.00 AND I WANT TO SEE AN DEFENDANTS IN THERE

OFFICIAL AND PERSONAL CAPACITIES.

E.	JURY DEMAND
	I want a jury to hear my case.
	YES
I dec	clare under penalty of perjury that the foregoing is true and correct.
Com	nplaint signed this day of 20_17
	Respectfully Submitted,
	Signature of Plaintiff
	SPN# 115016
	Plaintiff's Prisoner ID Number
	CASEY V. LAMB, SINH 1150 Ib, RACINE Co. Jail, 2B, 717
	WISCONSIN AVE., RACING WIT. 53403
	(Mailing Address of Plaintiff)
	(If more than one plaintiff, use another piece of paper.)
_	UEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE L FILING FEE
	I DO request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Full Filing Fee form and have attached it to the complaint.
	I DO NOT request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.